

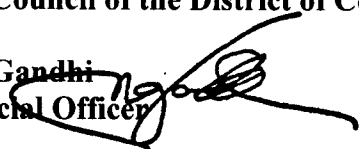
**Government of the District of Columbia**  
**Office of the Chief Financial Officer**



**Natwar M. Gandhi**  
Chief Financial Officer

**MEMORANDUM**

**TO:** The Honorable Vincent C. Gray  
Chairman, Council of the District of Columbia

**FROM:** Natwar M. Gandhi  
Chief Financial Officer 

**DATE:** January 27, 2009

**SUBJECT:** Fiscal Impact Statement: "Health Occupations Revision Act General Amendment Act of 2009"

**REFERENCE:** Draft Bill – No Number Available

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**Conclusion**

Funds are sufficient in the FY 2009 through FY 2012 budget and financial plan to implement the provisions of the proposed legislation.

**Background**

The proposed legislation is intended to make various technical and general amendments to the Health Occupations Revision Act of 1985.<sup>1</sup> Specifically, it would:

- Define and redefine terms related to health occupations found in Chapter 12 of Title 3 of the D.C. Official Code;
- Formally establish Executive Director positions for the Boards of Allied Health and Behavioral Health;<sup>2</sup>
- Make technical and conforming amendments to D.C. Official Code § 3-1205.01 with regards to licensing, registration, and certification requirements for health occupations;
- Sanction and prohibit various enumerated actions related to health occupation licensees, registrants or persons;

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<sup>1</sup> Effective March 25, 1986. D.C. Law 6-99; D.C. Official Code § 3-1201.01 *et seq.*

<sup>2</sup> These are already "*de facto*" positions filled by District employees. These provisions makes them "*de jure*" (by law) positions.

- Make a technical change to formally authorize the Office of the Attorney General (OAG)—formerly the Corporation Counsel, which is currently referenced in D.C. Code—to bring an action in the Superior Court to enjoin unlawful practice of a health occupation which is grounds for a criminal penalty or disciplinary action under the proposed bill;
- Require health care providers to furnish a complete and current copy of a patient's or client's record upon request by that patient or client; and
- Require health care providers to maintain medical or client records for a minimum of 3 years from the last date of contact.

### **Financial Plan Impact**

Funds are sufficient in the FY 2009 through FY 2012 budget and financial plan to implement the provisions of the proposed legislation. The Department of Health and OAG could absorb implementing the proposed bill with existing resources.